UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per form......16

SEC U	JSE ONLY
Prefix	Serial
DATE I	RECEIVED

			770		
Name of Offering (check if this is an amendmen	t and name has changed, a	nd indicate change.)			
Common Unit Financing					STEINED COM
Filing Under (Check box(es) that apply):	Rule 504	☐ Rule 505	Rule 506	☐ Section 4(6)	☐ ULOE
Type of Filing:	X	New Filing	7	Amendment	ANG 2 3 2004
	A. BASIC II	DENTIFICATION DA	ATA		
1. Enter the information requested about the issue	er			1.5	
Name of Issuer (check if this is an amendment a	nd name has changed, and	indicate change.)			No. 14 PSY
Ethos Brands, LLC					
Address of Executive Offices	(Number and Street,	City, State, Zip Code)	Telephone Number	er (Including Area Co	de)
12838 Short Avenue, Los Angeles, California 90	066		•		
Address of Principal Business Operations (Number	and Street, City, State, Zip	Code)	Telephone Number	er (Including Area Co	aPHUCESSED
(if different from Executive Offices)					A 1 10 % /
Brief Description of Business					AUG 2 4 2004
Limited liability company					THOMSON
Type of Business Organization				·	THOMSON -
<u></u>	ed partnership, already for	med		🗵 other (please spec	FINANCIAL eify): limited liability
	•• paranersp, aeas, 10.			Zz ciner (preuse spec	company
□ business trust	ed partnership, to be forme	ed	•		• •
		Month	Year		
Actual or Estimated Date of Incorporation or Organ	ization:	8	2003		
Toricalisation of Incompanies of Oppositions (F	Cutou tous lotton II.C. Bootol	Camilaa ahkuusiatian i	Ca- Ctata	■ Actual	☐ Estimated
	Enter two-letter U.S. Postal N for Canada; FN for other		ioi state:		DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner ■ Compare the second of the second o	☐ Executive Officer	☐ Director	☑ Director				
Full Name (Last name first, if individual) Mohr, Michael									
Business or Residence Address (Number and Street, City, State, Zip Code) 12838 Short Avenue, Los Angeles, California 90066									
Check Boxes that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	☑ Director				
Greenblatt, Jon									
	dence Address (Number and Senue, Los Angeles, Californi								
Check Boxes that Apply:	Promoter	■ Beneficial Owner	Executive Officer	☐ Director	☒ Director				
Thum, Peter	name first, if individual)								
	dence Address (Number and Senue, Los Angeles, Californi								
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Director				
Full Name (Last	name first, if individual)								
Business or Resi	dence Address (Number and S	Street, City, State, Zip Code)							
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ Director				
Full Name (Last	name first, if individual)				·				
Business or Resi	dence Address (Number and S	Street, City, State, Zip Code)							
Check Boxes that Apply:	☐ Promoter	☐Beneficial Owner	☐ Executive Officer	☐ Director	☐ Member				
Full Name (Last	name first, if individual)								
Business or Resi	dence Address (Number and S	Street, City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ Member				
Full Name (Last	name first, if individual)								
Business or Resi	dence Address (Number and S	Street, City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐ Executive Officer	Director	☐ Member				
Full Name (Last	name first, if individual)								
Business or Res	idence Address (Number and S	Street, City, State, Zip Code)			-				

1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No <u>X</u>		
2.	What is the	minimum in	vestment tha	t will be acc	epted from	any indivi	dual?					N/A	
3.	Does the of	fering permit	joint owners	ship of a sin	gle unit?				••••••	•••	•••••	Yes <u>X</u>	No
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	N/A												o
Full	Name (Last	name first, if	individual)				,	··-					
Busi	ness or Res	idence Addres	ss (Number a	and Street, C	City, State,	Zip Code)							
N		4.4D.1	D 1										
Nam	ne of Associ	ated Broker o	r Dealer		·								
State	es in Which	Person Listed	Has Solicite	ed or Intend	s to Solicit	Purchasers							
(Che	eck "All Sta	tes" or check	individual St	tates)					•••••		••••••		🗆 All States
[AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT	ľ	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[ŴI]	[WY]	[PR]
Full	Name (Last	name first, if	individual)										
Bus	iness or Res	idence Addre	ss (Number a	and Street, C	City, State,	Zip Code)							
Non	o of Associ	ated Broker o	r Doolor						<u> </u>				
INSH	ie of Associ	ated Broker o	r Dealer				<i>I</i>						
State	es in Which	Person Listed	Has Solicite	ed or Intend	s to Solicit	Purchasers							
(Ch	eck "All Sta	tes" or check	individual S	tates)	***************************************	•••••			***************************************		•••••••••••••••••••••••••••••••••••••••		🗖 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last	name first, if	individual)						:				
Bus	iness or Res	idence Addre	ss (Number a	and Street, (City, State,	Zip Code)							
Nan	ne of Associ	ated Broker o	r Dealer			· ·	•						
									<u></u>				
		Person Listed							· 				
•				ŕ								**************	
[AL		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
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[R]]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[W1]	[WY]	[PR]

B. INFORMATION ABOUT OFFERING

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the Type of Security			Amount Already		
	Type of Security	Aggrega			• ,	
	Dake	Offering P		Sol		
	Debt	\$		\$	<u>-0-</u>	
	Equity	\$	0-	\$	-0-	
	Common Preferred					
	Convertible Securities (including warrants) - Common Units	\$ <u>479,898.72</u>		\$ <u>479,898.7</u>		
	Partnership Interests	\$		\$		
	Other (Specify)	\$	<u>-0-</u>	\$	-0-	
	Total	\$ <u>479,898.72</u>		\$ <u>479,898.7</u>	12	
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
		Numbe	г	Aggre	gate	
		Investor	S	Dollar A	-	
				of Purc	hases	
	Accredited Investors	2		\$ <u>479,898</u> .	72	
	Non-accredited Investors	-0-		\$	-0-	
	Total (for filings under Rule 504 only)			\$		
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
		Type of	f	Dollar A	mount	
		Security	/	Sol	đ	
	Type of Offering					
	Rule 505			\$		
	Regulation A			\$		
	Rule 504			\$		
	Total			\$		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$		
	Printing and Engraving Costs			\$		
	Legal Fees.		×	\$ 5,000		
	Accounting Fees			\$		
	Engineering Fees			\$		
	Sales Commissions (specify finders' fees separately)			\$		
	Other Expenses (Identify) Filing Fees			\$		
	Total		Œ			

C. OFFERING PRICE, NUMBER OF IT	NVESTORS, EXPENSES AND	USE OF PROCEEDS		
 Enter the difference between the aggregate offering price given in response to Part C - Question 4.a. This difference is the "adjusted 		<u>474,878.72</u>		
5. Indicate below the amount of the adjusted gross proceeds to the issuer us If the amount for any purpose is not known, furnish an estimate and c payments listed must equal the adjusted gross proceeds to the issuer set for	heck the box to the left of the e	stimate. The total of the	,	
		Payment to Officers, Directors, & Affiliates		ment To Others
Salaries and fees		□ s	□ s	
Purchase of real estate		□ s		
Purchase, rental or leasing and installation of machinery and equipment		\$	□ s	
Construction or leasing of plant buildings and facilities		□ s	□ \$	·
Acquisition of other businesses (including the value of securities involved in in exchange for the assets or securities of another issuer pursuant to a merger)		<u> </u>		
Repayment of indebtedness		□ s		
Working capital		□ s	× \$	474,878.72
Other (specify):	*	□ s	□ s	
Column Totals		□ s		474,878.72
Total Payments Listed (column totals added)		x s	474,878.72	
				
				
D. FED	ERAL SIGNATURE			
The issuer had duly caused this notice to be signed by the undersigned duly a an undertaking by the issuer to furnish to the U.S. Securities and Exchange C non-accredited investor pursuant to paragraph (b)(2) of Rule 502.				
Issuer (Print or Type)	Signature	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date	7
Ethos Brands, LLC		/-//-	Juin AUG	3 00 4 17, 2004
Name of Signer (Print or Type)	Title of Signer (Print or Type).			
Jonathan Greenblatt	Secretary			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STA	TE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the d	isqualification provisions	of such rule?	Yes	No 🗶				
	See Appendix, C	olumn 5, for state respons	e.						
2.	The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	The undersigned issuer hereby undertakes to furnish to any state administr	ators, upon written reques	t, information furnished by the issuer to	offerees.					
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
The	issuer has read this notification and knows the contents to be true and he	as duly caused this notice	to be signed on its behalf by the unde	rsigned duly	authorized				
per	son.								
Isst	er (Print or Type)	Signature	Date						
Eth	os Brands, LLC		June	, 2004 VG- (8	2002				
Na	ne (Print or Type)	Title (Print or Type)							
Joi	Jonathan Greenblatt Secretary								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.